# Data Points

Issue 34 September 24, 2003

#### Medicaid and Medicare HIPAA Deadline Extension

"The Centers for Medicare & Medicaid Services (CMS) announced that it will continue to accept and send transactions in legacy formats after the October 16 compliance date for HIPAA's transactions and code sets rule while trading partners work through testing and other implementation problems." The rest of the e-mail detailing this decision is attached at the end of this document.

Although Medicaid and Medicare are no longer requiring data submissions in HIPAA format by October 16, we at RDMC strongly suggest that the Regions strive to convert to HIPAA format as soon as possible because the official message gave no indication of when the HIPAA format will be required.

#### New Medicaid Codes - October 16

Don't forget that Medicaid is requiring new codes be used for services as of October 16, 2003. If a Medicaid code is used in Event field FA0-9, it must be an old code if the service was on or before October 15, and a new code is the service was on or after October 16. We will have a crosswalk between the new and old codes available at <a href="http://mhmr.chs.ky.gov/CMHC/cmhc">http://mhmr.chs.ky.gov/CMHC/cmhc</a> data quide.asp by next week.

## **DUI Possible Error Change**

Clients who have a "1" in the DUI Conviction marker (Client field 45) will no longer generate a "Possible Error" in the Client Edit report if they lack an SA diagnosis.

## **Test File and HIPAA-Format Naming Conventions**

The naming convention for HIPAA-format event files is:

<region number><month><year>< "EH" or "EN">.DAT.
For example, Region 12's August submission of Event Data in the HIPAA format would be:
120803EH.DAT.

If you are sending test data, <u>you must put the word "test" in the filename</u> before the ".DAT".

For example, Region 12's August submission of test data in the HIPAA format would be:

120803EHTEST.DAT.

## **Incentive Bond Reports Available on Web**

The Incentive Bond reports are now available on the Region-specific data submission page (after the login on <a href="https://www.rdmc.org/cmhc/users/login\_mon.asp">https://www.rdmc.org/cmhc/users/login\_mon.asp</a>), under "Audit Reports". Additional reports for this page are in development.

#### OFFICIAL ANNOUNCEMENT OF HIPAA DEADLINE EXTENSION

----Original Message----

From: hcpro@list.hcpro.com [mailto:hcpro@list.hcpro.com]

Sent: Tuesday, September 23, 2003 5:40 PM

To: HCPro

Subject: Medicare to accept noncompliant transactions after October 16 deadline

The Centers for Medicare & Medicaid Services (CMS) announced today that it will continue to accept and send transactions in legacy formats after the October 16 compliance date for HIPAA's transactions and code sets rule while trading partners work through testing and other implementation problems.

Although Medicare is currently able to process HIPAA-compliant transactions, CMS decided to implement its contingency plan after reviewing statistics showing low numbers of compliant claims being submitted. "Implementing this contingency plan moves us toward the dual goals of achieving HIPAA compliance while not disrupting providers' cash flow and operations, so that beneficiaries can continue to get the health care services they need," CMS Administrator Tom Scully said in a press release

"This is a positive, although not surprising, step to try to avoid the 'train wreck' that many are predicting," says Rebecca Williams, Esq., RN, partner and co-chair of the HIPAA group at the law firm of Davis Wright Tremaine, in Seattle.

CMS previously announced in an interim final rule released August 15 that with few exceptions, it would require providers to submit all claims to Medicare electronically starting October 16, 2003. But CMS stated in a July 24 guidance that covered entities that make good faith efforts to comply with HIPAA's transactions and code set standards may implement contingencies to maintain operations and cash flow, giving CMS the authority to implement a contingency plan.

"Providers should be implementing their own contingency plans to make arrangements with their primary payers and, if need be, address potential cash flow issues," says Williams.

CMS will regularly reassess the readiness of its trading partners to determine how long the contingency plan will remain in effect.

Go to  $\frac{\text{http://www.hipaapro.com/news/hipaa_downloads.cfm}}{\text{interim final rule and guidance and }}$  to download PDFs of the interim final rule and guidance and  $\frac{\text{http://www.cms.gov/media/press/release.asp?Counter=870}}{\text{to read the press release.}}$